

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses

for LOBBYISTS
(RSA Chapter 15)

RECEIVED

APR 2 5 2019

PLEASE PRINT

NEW HAMPSHIRE

I. Name of Lobbyist(s)	George W. Roussos an	d Lindsay E. Na	deau	DEPARTMENT OF STATE
II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any	:	
Orr & Reno. P.A.				
(Name of	partnership, firm or corp	oration)		
45 S. Main Street, PO	Box 3550	Concord	NH	03302-3550
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
(603) <u>224-2381</u> (Telephone)	(603)_	224-2318 (Fax)	e-mail Inadeau	Øorr-reno.com
III. This statement cover reportable expense trans	actions which are not	eparate reports attributable to		nay file a separate report for the following client:
AmeriHealth_Carit	tas ull Name of Client as it a ons by the lobbyist (inc	ppears on the Lobb	yist Registration Form)	ng firm listed below which are
Reports cover: activity for	pril 24, 2019 🔀 rom date of registration to October 30, 2019 🗌 vity from 7/1/19 to 9/30/1		July 31, 2019	
V. There have been no If this box is checked, com Concord, NH 03301.	fees received and n plete just this form and	o reportable to submit it to the .	ransactions made since Secretary of State's Office,	the last report. State House, Room 204,
VI. Check if additional r	eports are attached:			
☑ If you have received f	ees or made expenditu	res, you must file	Addendum A- Fees and	Expenses
☐ If you have paid an ho Expense Reimbursement	onorarium or reimburse	d expenses, you	must file Addendum B- R	eport of Honorariums or
☑ If you, your firm, or y	our family has made p	olitical contributi	ons, you must file Addend	lum C- Political Contributions
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best o	15-B, RSA 14-C and F		by swear or affirm that the	e foregoing information is true
Mar	<u>\</u>		04/24/19	
(Signature of Acobyist)			(D	ate)
Lindsay E. Nadcau		· ···		
(Print Name of Johnvist)				

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadeau		
II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A.		
(Name of partnership, firm or corporation)		
III. Name of Client AmeriHealth Caritas	Date _	04/24/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, o	or public relations services ount reported shall not be
a) Total of all fees received in this reporting period	a) \$	27,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)		0.00
c) Total of all fees received to date (Add lines a and b)	c) \$	27,000.00_
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	9,000.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if may be file aggregate expenses; (b) le: meals puss than \$10 and with a valuating period of greater than \$25, expense r	f expenditures are made by and for the lobbyist(s)/firm. total of all expenses paid the aggregate total of all urchased during a business that is given to the person the of \$25.00 or less); and dof greater than \$25.00 for er than \$25, purchase of a but not greater than \$50, eimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	100.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	100.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees dur	ing this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foreg	going information
Muell	04/24/1	
(Signature of lobbyist)	(Date	<i>=</i>)
Lindsay E. Nadeau (Print Name of lobbyist)	•	
(Print Iname of 1000yist)		

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

	ffirmation by Lobby te and Expenses for:		and Lindsay E. Nadeau
		6	·
		oration: Orr & Reno, P.A	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to an
particular client): _Ar	neriHealth Caritas		
Date of Report (check	one):		
April 24, 2019 🖾	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
			nd Expenses described above, and umber of Addendum forms being
_X Addendum A(s).		
Addendum B(s).		
x Addendum C(s).		
	m that the foregoing in fmy knowledge and bel		nt and each Addendum is true and
(Signature of loobyist)	M		04/24/19 (Date)
Lindsay E. Nadeau			
(Print Name of lobbyi	st)		